



Bringing Light

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

CELEBRATING *a healthy community*

At the heart of the County of San Diego's Health and Human Services Agency (HHSA) lies its vision to ensure that communities are healthy, safe and thriving. Behavioral Health Services (BHS) is the division of HHSA that provides mental health and alcohol and drug services to County residents. Thus, BHS plays a vital role in achieving a healthier San Diego.

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004. This legislation provided a new, stable source of funding to support county mental health programs and related alcohol and drug recovery programs. MHSA funding also provides for prevention and early intervention services, as well as needed infrastructure, technology and training elements to provide the expanded services. MHSA provides services for young children, transitional age youth, adults, families and older adults. This report highlights the system-wide transformation that has taken place in San Diego County as a result of the MHSA.



MESSAGE *From the Director*



In July 2010, the San Diego County Board of Supervisors unanimously adopted its ten-year visionary plan to promote a healthy, safe and thriving San Diego County. As part of this plan, known as *Live Well San Diego*, the County continually seeks out innovative ways to leverage resources to improve the health, safety, and self-sufficiency of our region's residents. A cornerstone of *Live Well San Diego* is a focus on service integration-acknowledging that physical and mental health are intertwined, and closely linked to factors such as personal safety and economic vitality.

The Mental Health Service Act (MHSA) is a major contributor to this effort - aligning internal and external resources and making it possible to collaborate with community partners in the behavioral health arena like never before. The funding allows us to address physical and mental health together; to address the whole person, it supports the infrastructure, technology, and training that helps connect families and individuals with services more efficiently and effectively.

The infusion of MHSA into San Diego County has been transformative for our local service delivery system. As we reflect on the progress we've collectively made, the Health and Human Services Agency stands ready to ensure that its programs and services, and the professionals that deliver them, continue to support the well-being of our residents, and help empower them to live their best lives.

Live Well!

Nick Macchione, MS, MPH, FACHE

WORKING

For A Better Tomorrow

The infusion of Mental Health Service Act (MHSA) funds into the County of San Diego during the past ten years has transformed and improved the San Diego community. In the coming years, MHSA funds will continue to allow the Health and Human Services Agency (HHSA) to promote healthy, safe and thriving communities throughout the region as it embraces the County's *Live Well San Diego* initiative. To support whole

health, *Live Well San Diego* promotes the integration of behavioral health and primary care along with prevention, early intervention and treatment services. It further integrates services for people experiencing mental illness along with alcohol and drug issues.

MHSA funding has enhanced our efforts to increase the selection of services provided in San Diego County, thus

ensuring care for greater numbers of County residents. MHSA has also done much to promote prevention and early intervention for mental wellness, as well as addiction-free lifestyles. Under HHSA's umbrella, Behavioral Health Services (BHS) is on track for another ten years of ensuring that San Diego communities are healthy, safe and thriving.

Snapshot

BHS anchors its mission by embracing system of care values and principles. Its programs emphasize not only the integration of services for alcohol and substance abuse with services addressing mental health, but also the integration of services with physical health care as a foundational commitment to the wellness of all citizens.

Major changes in the behavioral health system began in 1998, when the focus began to shift from a medical model to one of recovery. Since its adoption, MHSA has provided resources to fund a myriad of new services for the

recovery of adults with serious mental illness, increasing resilience of children and youth, and implementing prevention and early intervention programs for persons at risk. The MHSA has had a transformational impact on San Diego County’s Behavioral Health Services, by funding essential prevention- and recovery-focused services that will have a long-term, positive impact on the individuals receiving services, as well as the entire community.

BEFORE MHSA	AFTER MHSA
\$85 million budget for outpatient services for all ages	\$225 million for community based outpatient services serving all ages
Medical model based (inpatient)	Recovery- and resilience-model (community based)
Children’s system was treatment focused	Children’s system now provides therapy, case management and family/youth peer support – in addition to treatment – in all programs
Separate services for addressing mental health needs and addiction treatment	Alcohol and drug services integrated with mental health services when needed, including integration of clinicians in school settings
Initial strategic plan developed to integrate rehabilitation and recovery practices	Strategic plan initiatives expanded to include: <ul style="list-style-type: none">• Primary care and mental health integration• Wraparound programs for youth and families• Specific services for young adults aged 18-25• Co-occurring disorders of mental illness and addiction assessed together• Stigma reduction• Recovery-based services for adults• Supported housing and employment for adults• Geriatric mental health
Few psychosocial rehabilitation and recovery services available	All adult programs offer recovery services
Integration of culturally competent clinical assessment guidance and cultural competence training begins but lacked self and program assessment tools	Cultural Competence tools developed for providers: <ul style="list-style-type: none">• Cultural Competence Handbook• Program cultural competence assessed annually• Cultural Competency Academies beginning in 2012• 4-hour cultural competence trainings conducted for various cultural groups
Wait time for a routine appointment: 14-28 days	Wait time for a routine appointment: 2-5 days
Limited consumer participation in program development or decision making	Expanded Peer/Family/Youth involvement in the Behavioral Health System including: <ul style="list-style-type: none">• All Councils• MHSA Planning Activities
Limited funding for supportive housing available to homeless individuals with serious mental illness	Development of full service partnerships (FSPs) with integrated housing for homeless individuals with serious mental illness <ul style="list-style-type: none">• Six programs provide supported housing to more than 1,100 clients• \$33 million in MHSA funds have been leveraged to create 241 new supported housing units
Limited supportive employment services for adult consumers	<ul style="list-style-type: none">• Expanded supportive employment opportunities in Clubhouses• Integrated employment services are available in eight full-service partnership programs, in addition to two stand-alone employment programs

A MODEL FOR Recovery

BHS, with the aid of MHSA funding, will continue to transform the regional behavioral health system with a focus on recovery and resiliency. This will be accomplished through integrated health care models, utilizing trauma-informed approaches at every level of service, ensuring that clients have a medical home and the information necessary to make healthy life decisions.

BEFORE MHSA	AFTER MHSA
Antiquated management information system	New management information system with electronic health records
Limited primary care/mental health service integration	<ul style="list-style-type: none">• Primary care and mental health services are integrated into 18 community health centers, paired with 23 mental health clinics• Integrated physical and mental health care is available in rural San Diego County via telepsychiatry
Child Welfare, Probation, Alcohol & Drug and Mental Health services were separate and siloed	Joint programs, co-located initiatives, and strong executive partnerships among these agencies are in place
Limited services available to prevent hospitalization for clients with serious mental illness.	<ul style="list-style-type: none">• Augmented services available to families with intensive mental health needs• Teams exist to prevent hospitalization for children and to step them down from hospitalization• Three “Cool Beds” (short-term crisis residential treatment for youth) now available for youth in crisis to prevent hospitalization• Early treatments provided to those exhibiting signs of serious mental illness
Limited funding for prevention programs, stigma reduction, or other special awareness programs	<ul style="list-style-type: none">• Expanded funding for prevention and early intervention programs and services• New focus on individuals at risk of developing a mental illness later in life• Comprehensive Suicide Prevention Action Plan• It's Up to Us and Housing Matters stigma reduction media campaigns• “Behavioral Health 101” training provided for first responders• Training and education programs to enhance the BHS workforce• Incentive stipends that encourage workforce diversity and attract multi-cultural and bilingual individuals to careers in behavioral health
Limited programs to connect treatment resistant individuals to services	In-Home Outreach Teams connect treatment resistant individuals and their families to services
No culturally specific prevention services for Native Americans	“Dreamweaver Consortium” of four Indian Health Clinics serving 18 reservations in San Diego County, provide preventive mental health and alcohol and drug services



A MODEL FOR *Innovation*

Since the infusion of Mental Health Services Act funds into the County of San Diego, the Behavioral Health Services Division has advanced the integration of coordinated and seamless care for patients with substance abuse, mental health and physical health needs through a paired provider model, which is among the first of its kind in the nation.

There are five components through which MHSA funding is transforming the behavioral health system:

1. Community Services and Supports
2. Prevention and Early Intervention
3. Innovation
4. Capital Facilities and Technology
5. Workforce, Education and Training

For a complete overview of each component, spending plans and various reports, please see <http://sandiego.camhsa.org>

Integrating behavioral health and primary care has been an essential element of this service transformation. The intent was to improve health care delivery and health outcomes. MHSA funding has supported a number of programs and initiatives to implement these efforts. Services include behavioral health consultation and telepsychiatry in rural community health centers, treatment of depression within the primary care setting, and planned, supported transition of individuals with stable yet serious mental illness from specialty mental health to primary care.

Integration services also include provider education, training and psychiatric consultation to help providers meet the unique needs and challenges of individuals who often have mental health, substance abuse as well as physical health issues.

Primary care integration has impacted the entire Behavioral Health system, and crosses all MHSA components

The importance of physical health care for individuals with serious mental illness (SMI) is underscored by the disparity in life expectancy among this group compared to the general population. On average, individuals with SMI die 25 years earlier, and the largest proportion of premature death is from chronic physical health conditions such as heart disease and diabetes.

A systems-approach to support integrated care delivery includes bringing together primary care, mental health and substance abuse treatment provider organizations in structured and facilitated learning communities.



SERVING THE UNDERSERVED

1. Community Services and Supports (CSS)

The largest MHSA component, Community Services and Supports (CSS), consists of programs and strategies that reach out to underserved populations. New recovery approaches are introduced and wraparound services are provided to those most in need. CSS programs are where the one-on-one community work happens, by helping individuals and families cope and overcome the everyday challenges of mental illness.

Full Service Partnerships

Integrating mental health services to support individual needs is fundamental to these partnerships. Full Service Partnerships (FSP) refers to the “whatever it takes” philosophy of ensuring individuals have what they need to succeed. This includes treatment, stabilization, housing, employment and anything to promote recovery. These comprehensive services build strong connections to

community resources and focuses on resiliency and recovery.

There are different types of FSPs, with different specializations including: Seriously Emotionally Disturbed Children, Transitional-Aged Youth, or Seriously Mentally Ill Adults and Older Adults. Culturally specific services are available for underserved groups, including enhanced services for foster youth, the homeless, those frequently hospitalized and/or those in the criminal justice system.

The **Blueprint for Recovery Comprehensive Services for Homeless Mentally Ill** is a hallmark program funded by MHSA. The program is a multi-faceted approach to providing the homeless mentally ill population with permanent housing, essential supportive services and a stigma-reducing media campaign called Housing Matters, to promote community

acceptance. It takes best practices to a new level of success and breaks new ground by reassigning funding earmarked for services to secure actual housing units. Providing housing is the cornerstone of its success.

This model differs from the traditional, shelter-based response to homeless mentally ill individuals. In the past the mentally ill had to be stabilized and compliant with treatment before qualifying for housing programs. Substantial evidence confirms that using a housing-first model ensures far better outcomes for the individual and actually reduces costs system-wide by decreasing utilization of expensive emergency, inpatient and criminal justice services.

The MHSA Housing Program represents a unique collaboration among government agencies at the local and state level. The result is improved outcomes for the severely mentally ill and reduced homelessness. The goal is to develop at least 240 new units for MHSA-eligible clients. To date, almost 95% (1,100) of FSP clients are in permanent supportive housing. Ninety eight are living in MHSA-developed units in six affordable housing complexes.

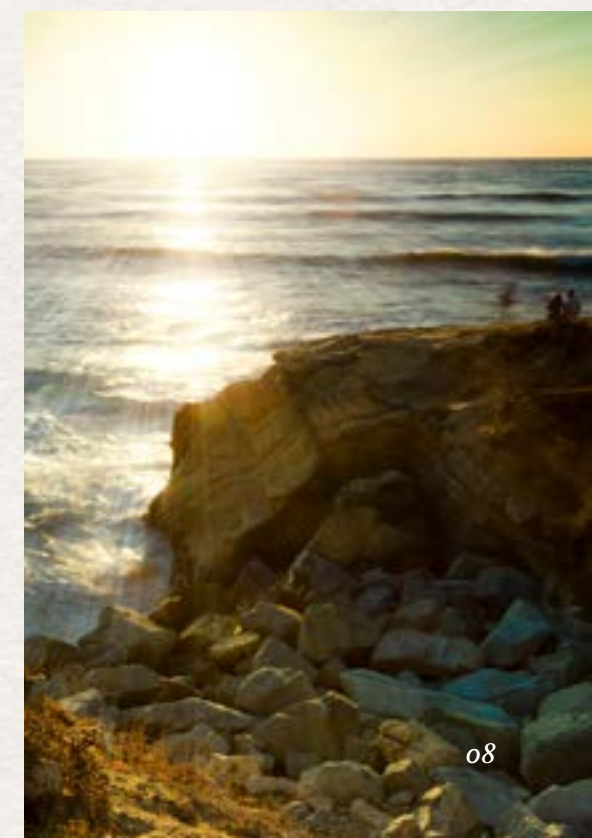
Another successful FSP is the **Intensive Mobile Psychosocial Assertive Community Treatment (IMPACT)** program. IMPACT provides Assertive Community Treatment (ACT) services to adults with a severe mental illness who have been homeless and who often have co-occurring addiction disorders.

Citronica One is a transformative housing program of 56 affordable housing units in Lemon Grove, California. Of those units, 15 apartments have been designated for underserved transition aged youth with mental illnesses who are eligible for supportive services under MHSA.

The program is part of a larger initiative by the County of San Diego's BHS Division to link homeless or at-risk of homeless individuals with mental illness to permanent housing and social services. The remaining units are available to low-income families and individuals.

Construction on Citronica One began January 23, 2012 and the grand opening occurred on September 27, 2013.

The development of Citronica One was made possible through financial assistance of the Lemon Grove Community Development Agency, California Tax Credit Allocation Committee, Citi, Boston Capital and California Housing Finance Agency in collaboration with Mental Health Services Act funding.



“Music saved me. It got me through a period of depression and self-loathing and back to my old self again.”

- MANUEL

Assertive Community Treatment is a team approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation and support to persons with serious and persistent mental illness such as schizophrenia.

The IMPACT program supports seriously mentally ill adults in gaining independence. This is demonstrated through an increase in independent living among program participants from 63% in 2008 to 75% in 2012. IMPACT has also seen an increase in the number of clients seeking competitive employment from 9% in 2008 to 16% in 2012. In 2012, IMPACT served 274 clients with serious mental illness operating from a housing first model. By August 2013, the program had 86% of clients in permanent housing.

Wraparound programs can promote stability and life-long emotional wellness. They also adopt the “whatever it takes” approach to meeting needs of children, youth and their families. Children and

youth often present complex mental health needs requiring collaboration with multiple child-serving systems. This collaboration can include mental health, child welfare, juvenile justice, education, developmental disabilities, addiction services, and primary health care.

MHSA wraparound programs serve seriously emotionally disturbed youth, ages 5-21, who are involved with the Child Welfare system or Probation. The goal of the programs is to step these youth down from residential treatment to community services and to foster permanent placement. Through a collaborative effort among BHS, Child Welfare Services and contracted providers, youth and their families receive care coordination, case management, and may receive therapy, crisis intervention, medication monitoring and other needed services. Parent and youth partners team with families to provide support and improve family functioning. Programs provide flexible hours to meet families’ needs and are on call 24/7.

My time in the foster care system is coming to an end on my 18th birthday. I would be scared. I should be scared. Being on my own, without a “family” and safety net, is huge. But Maria, my mentor, has been a godsend, showing me how to move forward and follow my passion to earn a degree in education. I will be a teacher.



As a result of programs operated by the Chaldean/Middle Eastern Social Services Agency at Cajon Valley High School, participating Chaldean/Middle Eastern female students formed a close bond, enabling them to share personal stories of loss and seek out help. Support groups assisted them with acculturation and assimilation into the United States, after escaping war-torn countries. They learned how to communicate effectively, and about the importance of setting goals and striving for higher education.

An anger management support group program for male students began on March 29, 2013 followed by more group participation. The boys are opening up and sharing stories about violence and anger issues resulting from surviving extreme trauma in their native countries. They learned new techniques to manage their anger through specific exercises and effective communication.

Outreach and engagement programs and activities

reach out to people who may need services but are not getting them, such as individuals who are deaf or hard of hearing, or victims of trauma or torture. One such program, Chaldean Services, helps bring services to the Middle Eastern community of San Diego County, which has traditionally had limited access to mental health services due to cultural or language barriers.


System Development programs improve mental health services and support people who receive mental health services.

One very successful System Development program is the **Psychiatric Emergency Response Team (PERT)**. PERT provides intervention services throughout San Diego County to persons experiencing a mental health emergency. Each PERT team consists of a licensed clinician and a dedicated law enforcement officer/deputy who work together to assess individuals in crisis.

Another important program is the **Family and Youth Peer Support and Partner Services** initiative. Under this program, former service recipients train family members to provide support, to advocate for and to link children and family members to services. They also train clinicians to work more effectively with family members, and consult with programs to develop Parent Advisory Groups.

Member-run clubhouses are another System Development initiative supporting individuals with mental illness. These programs provide opportunities for skill development, social rehabilitation and symptom management through peer-led educational support groups and community activities. Research shows that peer-run clubhouses yield improvement in psychiatric symptoms resulting in decreased hospitalization, larger social support networks, decreased stigmatization, enhanced self-esteem and social functioning of individuals with mental illness and/or substance abuse disorders.





*“It was such a big step for me
to come here. I’m really proud
of myself, I realize now that I
have so much in my life.”*

- AMIT

BEHAVIORAL HEALTH *Transformation*

MHSA is using creativity and professional excellence to develop programs on many different levels and for many different audiences to effect positive change across the County. The following are some of the awards that recognize leadership and program excellence demonstrated by MHSA programs.



2009

MHSA Prevention & Early Intervention (PEI) Component Began

October

2009

Courage to Call veterans' support program established

July

2010

It's Up to Us Physician's Campaign Started

September

2010

It's Up to Us Stigma Reduction Campaign Launched

2004 - 2008

2009 - 2010

2011 - 2012

2013

November

2004

Voters approved Proposition 63/ MHSA

January

2005

MHSA became operational; program planning began

May

2006

MHSA Community Services & Supports (CSS) Component Launched

December

2009

MHSA Innovation (INN) Component Introduced

April

2010

Technological Needs Management Information System Project Plan Launched

November

2010

Housing Matters Campaign Launched

June

2009

MHSA Workforce Education & Training (WET) Component Added



2006 AWARD

- Challenge Award, Mental Health Services SHARI (Special Help for At-Risk Individuals) Project

2008 AWARDS

- John Craven Award for Housing Program
- National Association of Counties (NACo) Achievement Award, Oasis Clubhouse for Transitional Age Young Adults

2009 AWARD

- NACo Achievement Award, Counseling Cove Homeless Youth Project

2010 AWARDS

- NACo Achievement Award, High Tech Mental Health Solutions for Remote Populations
- Hope Award, International BiPolar Foundation, It's Up to Us

October

2011

Suicide Prevention Action Plan Developed

2011 AWARDS

- National Alliance on Mental Illness (NAMI) Inspiration Awards, Media, It's Up to Us
- NACo Achievement Awards for
 - SmartCare: Integrated Physical and Behavioral Healthcare for Rural Families
 - Teens Go Green: Mental Health Life Skills Program
 - Recovery Innovations – Client Operated Peer Supported Mental Health Services
 - It's Up to Us, Mental Health Awareness and Stigma Reduction Campaign
 - Positive Solutions: Depression Busters for Homebound Seniors
 - Passport to Healthy Aging: Elder Multicultural Access and Support Services
 - A Blueprint for Recovery: Comprehensive Services for Homeless Mentally Ill
- 2011 Public Relations Society of America, San Diego Chapter, Bronze Bernays, Courage to Call Public Service Announcement

2012 AWARDS

- MarCom Award (Honoring Excellence in Marketing and Communications) Gold, Microsite, It's Up to Us
- Safe States Alliance, "Innovative Initiative of the Year," It's Up to Us
- Emmy Awards/National Academy of Television Arts and Sciences (NATAS) nomination, It's Up to Us
- Horizon Interactive Awards (International), Gold, Government Website Category, It's Up to Us
- Communicator Awards, Silver, Health Website, It's Up to Us
- Telly Awards, Bronze, Public Service Announcement, It's Up to Us

April

2013

Trust Conference

2013 AWARDS

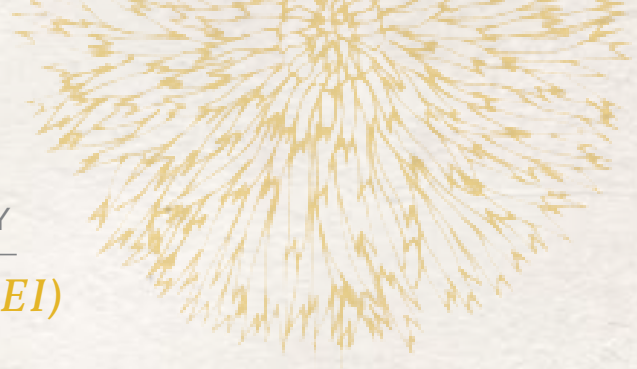
- California State Association of Counties (CSAC) Challenge Awards, Merit, Blueprint: Comprehensive Services for Homeless Mentally Ill
- NACo Achievement Awards
 - School-based Mental Health Worker Career Pathway Program
 - Integrated Physical Health Care Resources for Mental Health Clients
- Effective Advertising on Radio (EAR) Award, It's Up to Us
- Fotonovela award

December

2013

Fourth Annual Behavioral Health/Primary Care Integration Summit





BRINGING AWARENESS TO THE COMMUNITY

2. Prevention and Early Intervention (PEI)

Prevention and Early Intervention approaches are transformational in the way they restructure the mental health system to a “help-first” approach, rather than “treat-later.” These programs are designed to prevent mental illness from becoming severe and disabling, with an emphasis on improving timely access to services.

Prevention programs increase mental health awareness in the community through public education initiatives and dialogue. Early intervention programs are provided for subgroups whose risk of developing mental illness is significantly higher than average, such as those at risk from exposure to domestic violence, siblings of gang members, military, Native Americans and those with addiction disorders. When mental health is understood as an integral part of overall wellness for individuals and the community, it reduces the potential for stigma and discrimination, which, in turn, improves the chance for successful treatment.

One of the most visible and impactful MHSA-funded PEI programs in San Diego has been the media campaign It’s Up to Us, focusing on stigma reduction, mental health literacy and suicide prevention. Since the launch of the campaign in 2010, there have been more than 217,000 unique visitors to the campaign website and the campaign has accrued over 8,200 Facebook “likes.” A follow-up survey conducted six months after the start of the campaign showed that 88% of San Diegans recognized the It’s Up to Us campaign ads and 43% had discussed them with someone else. Sixty-eight percent agreed that the ads helped them recognize symptoms of mental health problems; and as a result of seeing the ads, 84% were more likely to be supportive, 83% more likely to be respectful and 75% more likely to feel comfortable talking to a friend or family member about their mental illness. Compared to those who had not seen the ads, a significantly larger

number of San Diegans stated that they knew where to seek help (68% vs. 48%), how to recognize warning signs for suicide (69% vs. 48%) and agreed that people with mental illness should be hired just like other people (66% vs. 52%), and also agreed that they would be willing to socialize (76% v. 64%) and work closely with (67% v. 59%) a person with mental illness. Additionally, Riverside County has adopted the It’s Up to Us campaign and notes the collaboration with the County of San Diego at the bottom of the webpage (see www.up2riverside.org). The It’s Up to Us campaign continues to promote understanding and stigma reduction within a supportive environment, making it easier for people to ask for and receive help. For more information visit: <http://Up2sd.org>.

Other programs that have made a difference in the lives of San Diego families and communities include the following:

I saw a TV spot. It said that if you think that a friend or family member is struggling with depression, anxiety or another mental disorder, speak up. Take it seriously. Talk about it. Help them find help together. It made me understand the importance that my support, time and help will help my friend. I think he could use it.

Positive Parenting Program (Triple P) serves parents and educators of early childhood populations (ages 0 – 5) to promote development, growth, health and social competence of young children. Triple P works with the countywide HeadStart program and provides training within local school districts.

School-Based Prevention and Early Intervention (PEI) is an expanding program in the North and East regions of San Diego County, focused on preschoolers through third graders. These programs use evidence-based, universal prevention practice known as “Incredible Years” at 14 elementary schools in the county.

Breaking Down Barriers increases access to mental health services for persons who come from underserved,

culturally-diverse populations, including: Latinos, Native Americans, Asian/Pacific Islanders, African Americans, disabled, lesbian, gay, bi-sexual and transgender (LGBTQ) persons, or transitional-age youth and older adults. The program provides public education aimed at reducing stigma and building community partnerships committed to addressing the barriers and challenges in accessing culturally appropriate mental health services.

Courage to Call is a confidential, peer-staffed outreach, education and training service for the military community. The program goals are to increase awareness of mental illness in the active and retired military community, reduce mental health risk factors and improve access to mental health programs.

Kickstart provides education, confidential assessment and early assistance for young people between the ages of 10 and 24 who are at risk for mental illness in Central San Diego County. Providing youth with early assistance significantly increases their chance to succeed in school and work, improves relationships with family and friends and helps the youth prepare for the future.

Bridge to Recovery provides screening, early and brief intervention, referral to treatment and intensive case management support to those with primary alcohol and substance abuse issues and low level mental health needs. Individuals served by this program are assisted to connect with appropriate treatment for substance abuse, mental health and other needs.



“I think the biggest thing I learned is what you are looking for isn’t out there, it’s in you.”
- MARTHA



Bridges to Recovery provides screening, brief intervention, education, linkages and referrals to transition age youth, adults and older adults. The program also offers peer case management support to clients who need treatment or additional resources.

BRIDGING the Gap

While preparing for a follow up visit with a high-risk teen client, a PERT clinician working with San Diego Sheriff's Department discovered that the teen had a recent plan to shoot himself with his father's handgun. The PERT clinician determined that there was an unsecured handgun and ammunition in the home.

Concerned for the safety of the teen and his family, the PERT team uncovered a Glock handgun and ammunition in the youth's bedroom. Deputies impounded the weapon and ammunition and the PERT clinician was then able to assess and provide a safe disposition for the teen client.

This case highlights PERT's ability to bridge the gap between law enforcement and the mental health system. The PERT clinician saw the red flags and initiated a joint response by the Sheriff's Deputies and PERT. This highlights a case in which a possible tragedy was prevented.



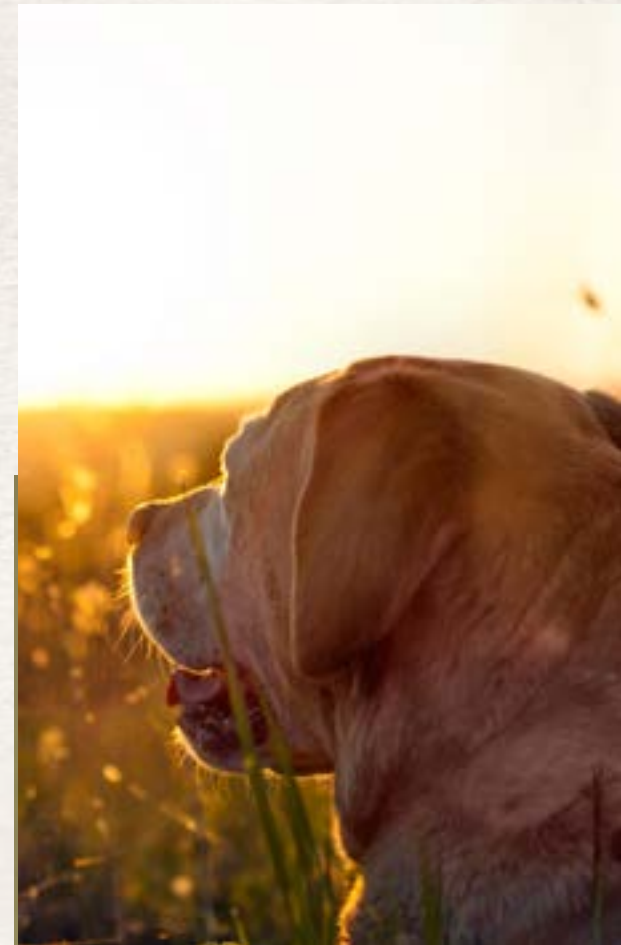
Another school based PEI Program is the Building Effective Schools Together (BEST) behavior program: BEST is a standardized staff development program based on the Positive Behavioral Support (PBS) approach to improve school and classroom environment.

The goal of BEST behavior is to facilitate academic achievement and healthy social development of children in a safe environment that is conducive to learning. As of 2013, 8,011 children have been served by BEST.

I am proud of my community voice. I am a Workforce Staffing Support team member, stepping in to provide public mental health services to the people in my community who are

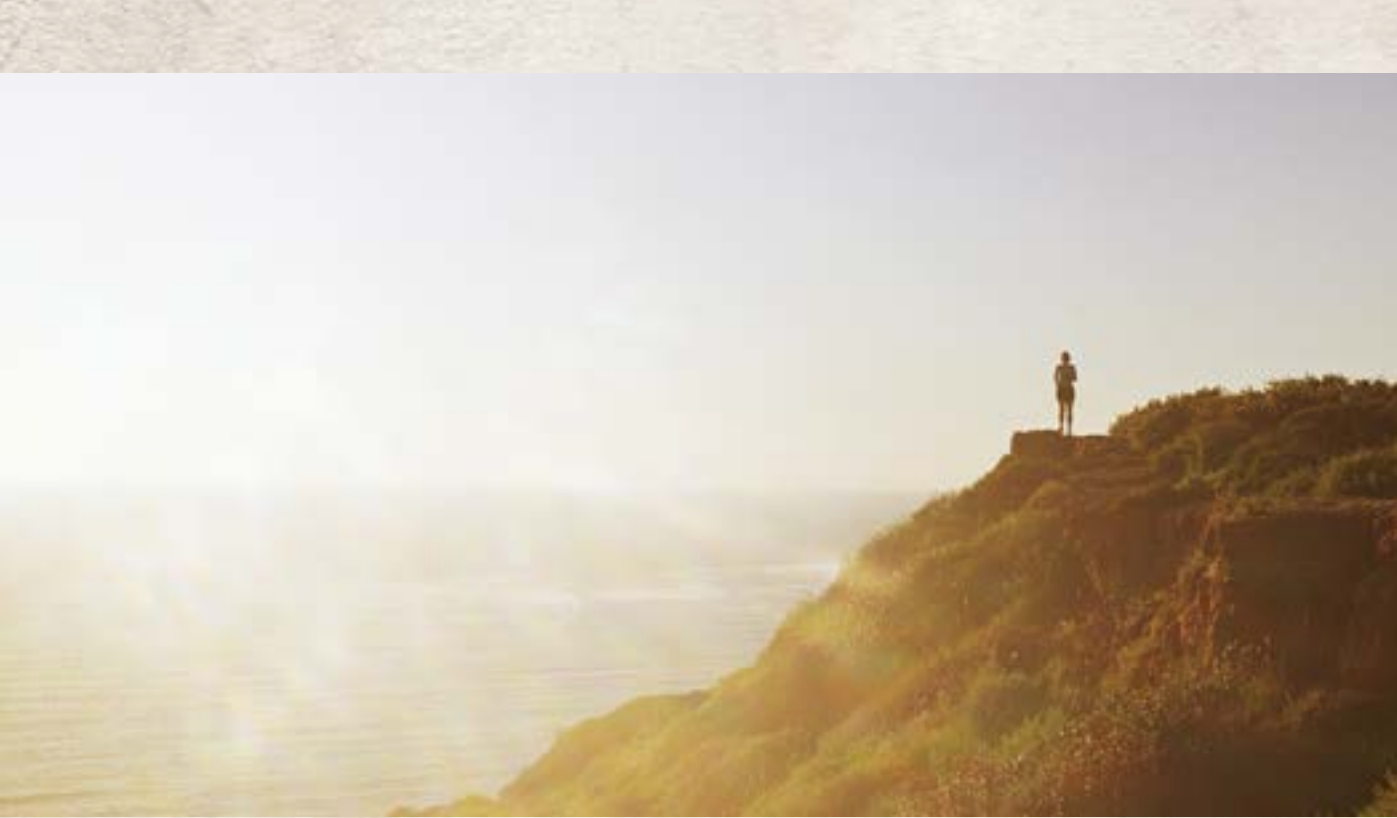
Successful implementation at the 12 schools is based on increased academic achievement and school engagement, together with decreases in anti-social behavior, vandalism, aggression and delinquency. Fifty-three teachers have reported outstanding success in achieving increased instructional time, a reduction in classroom behavior issues and improved classroom management skills. Participation in the BEST behavior program has also shown success in increasing attendance and staff satisfaction in the workplace due to BEST - related interventions. Over the past five years, in the 12 schools using the BEST Behavior Program, data show a 60% decrease in office discipline referrals and suspensions, as well as significant improvements in student behavior in the classroom and on the playground.

underserved because of their language and culture. I am of Vietnamese descent and I am giving back with mental health services that are delivered in a manner that makes our traditional and elderly feel at ease.



The Meeting Place Clubhouse (TMP) is available as a place of recovery for those with mental health diagnoses. By having members engage in a work-ordered day, they are able to establish a sense of structure and purpose and in an environment for socialization. Adding to TMP's commitment to helping members understand the benefits of working, one member is teaching a weekly motivational class regarding employment.

"The employment classes are designed for people who are interested in going back to work," the teacher said. "We cover topics that anyone can relate to, regardless of their chosen profession. Topics like work motivation help people understand how working can benefit us in ways that we never think of, like self-esteem, social relationships and better lifestyles."



LAYING THE GROUNDWORK FOR PROGRESS

3. Innovation (INN)

Innovation programs are meant to be short term, providing an opportunity for agencies to explore new approaches to inform current and future mental health planning. Funding for innovative solutions, such as the examples highlighted below, helps to lay the groundwork for more effective treatments and healthier communities.

In-Home Outreach Teams (IHOT) are mobile clinical teams that provide in-home outreach and engagement services to individuals with severe mental illness who are reluctant to engage in treatment. The In-Home Outreach Team, which includes a licensed clinician and a case manager, provide in-home assessment, crisis intervention, case management and support services to individuals and their families or caretakers, as necessary. In 2012, the IHOT program assisted more 125 of the most difficult to serve

individuals enroll in treatment. The program has been so successful that it will be expanded to all regions of San Diego County in 2014.

Transitional Age (TAY) and Foster Youth Program provides a youth-driven service option that assists youth in developing goals that are directly connected to the individual's passions and motivators. Using coaching, mentoring and teaching, this program helps youth form self-identity, a sense of purpose, and passion for their future.

Wellness and Self-Regulation for Children and Youth provided alternative treatment strategies that teach youth adaptive ways to calm themselves, regulate moods, handle frustration, problem solve, sleep without difficulty, eat appropriately and interact socially. These goals were achieved through physical fitness,

relaxation training, spirituality guidance, nutritional concepts, gardening, drama and cultural activities. Elements of this program are now built into standard programing at Behavioral Health Services.

Positive Parenting for Men in Recovery offered a unique parenting enrichment program for fathers in alcohol or drug treatment programs to improve parenting skills and understand the impact of trauma and violence on themselves, their children, partners and extended families. The program was offered at six recovery centers in all regions of the County. Approximately 150 fathers in recovery from substance abuse have received training in enhanced parenting skills.

LEVELING THE PLAYING FIELD

4. Capital Facilities and Technology Needs

One-time funding is transforming the County's Behavioral Health System by providing integrated consumer health experiences through infrastructure development. Capital Facility funds may be used to acquire, develop or renovate buildings, or purchase land to construct a building.

Capital Facilities projects include:

- Purchase of a permanent Juvenile Hall Mental Health Services building, in conjunction with the

County Probation Department, to provide services to court-ordered adolescents with mental health needs at Juvenile Hall. The open house for this new facility occurred November 6, 2013.

- Staff is evaluating options for a North Coastal facility to provide mental health, rehabilitation, wellness and skill development services. Skill development is currently provided only by

Clubhouses. Completion of this project is projected for June 2018.

Technological Needs projects support cost-effective and efficient improvements to data processing and communications. Using MHSA funding, the County of San Diego is building access to better health care through technology.

Electronic Health Record and Management Information System Implementation

A transformative development resulting from MHSA funding is the use of information technology to enhance care.

The Mental Health Management Information System (Anasazi) has produced a robust data processing and reporting system, along with an electronic health record, used

by all County-funded providers. All programs are now better able to coordinate client care as the result of sharing one electronic health record.

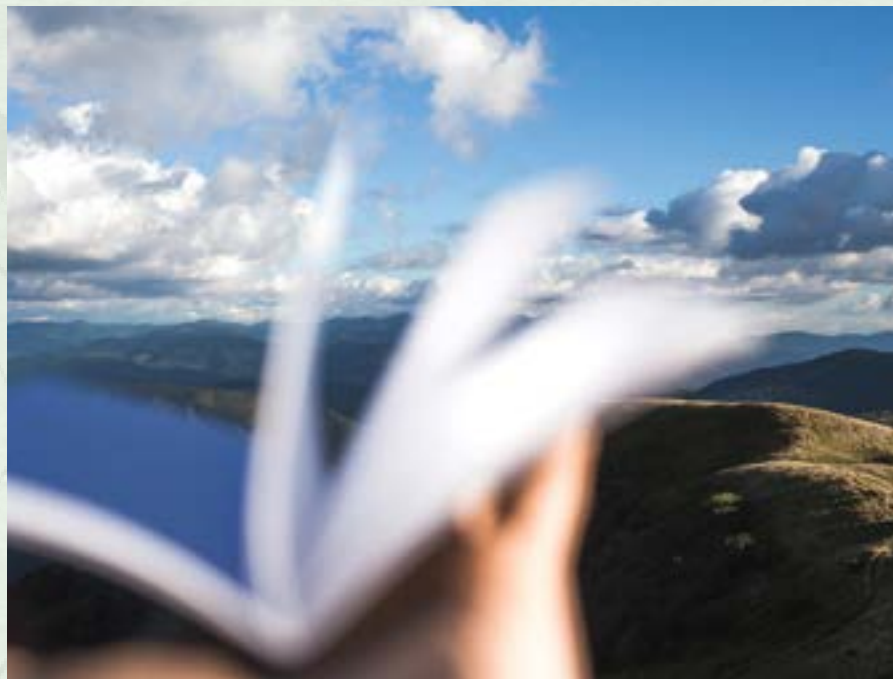
Telepsychiatry Program

Another technological milestone occurred when the County achieved telemedicine capacity. San Diego County contains three million-plus people in a geographic area of 4,500 square miles – an area nearly the size of the state of Connecticut.

The North County region alone comprises almost 70% of the total County land mass. Due to lack of local crisis intervention services, individuals in San Diego's North County region experiencing a mental health crisis would either be taken to a local hospital emergency room or transported to the Emergency Psychiatric Unit in Central San Diego more than 30 miles away.

Development of the County's telepsychiatry program now makes it possible to provide critical psychiatric services Countywide via video link between a client and a psychiatrist who may be miles apart. This program has not only filled a vital need for North County residents, but also provides a more cost-efficient means of assisting individuals in need of crisis mental health services.

As a result of MHSA funding, 20 sites now provide telepsychiatry for adults. Four sites currently serve children's needs. The telepsychiatry program has been very successful to date. This is an example of how, with MHSA funding, the County of San Diego is building access through technology.



I served my country in Iraq with the Marine Corps. 8 years, 6 in deployment. I missed birthdays and anniversaries. I told my wife and kids that we would celebrate big when I got home. I have been home for 2 years now and I can't celebrate. I can't even engage with my own family. I need to find that old Marine and move him into civilian life. I am tired of being a stranger in my own home.



5. Workforce Education and Training (WET)

The Workforce Education and Training (WET) component of MHSA funding is focused on developing a culturally competent behavioral health workforce that can promote wellness, recovery and resiliency. The goal of the County’s WET program is to increase the number of well-qualified staff in the public behavioral health system, with a special emphasis on increasing the cultural and linguistic diversity of the workforce, and increasing the number of positions for individuals and family members who have "lived experience" with behavioral health issues.

Five areas receive WET funding:

Workforce Staffing and Support funds the WET consultant to assist BHS staff in meeting objectives of the County’s WET plan. The WET consultant coordinates the WET collaborative, a group of more than 40 members representing public behavioral health providers, educators, employers, consumers and family members. This collaborative provides

an ongoing “community voice” for promoting and enhancing a behavioral health workforce that is culturally and linguistically representative of the community served.

Training and Technical Assistance provides educational training programs and activities to support professional development and continuing education to enhance the knowledge and skills of individuals working in, or otherwise supporting, the public behavioral health system.

Mental Health Career Pathway Programs include educational, training and counseling programs designed to recruit and prepare individuals for entry into a career in the public behavioral health system. These programs build commitment to behavioral health as a career option and provide academic skills to pursue careers in the field. Career pathways include high school programs, peer specialized training and mentoring, a community college certificate program for entry-level

behavioral health workers, psychiatric nursing partnerships, and a geriatric certificate training program.

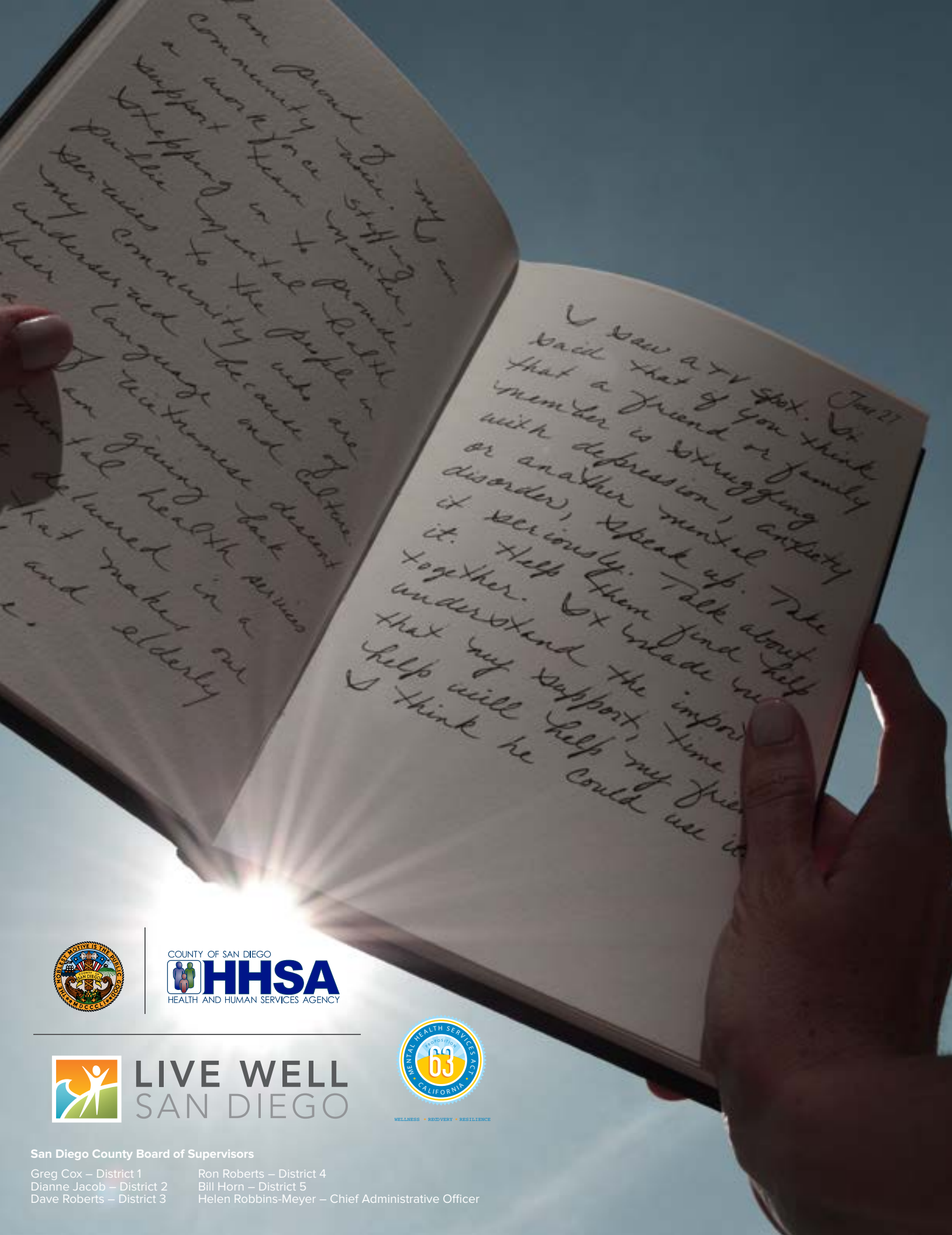
Residency and Internship Programs specifically address shortages in licensed, direct service provider positions. Programs include a Community Psychiatry Fellowship (General Community Psychiatry and Child and Adolescent Community Psychiatry) and LCSW/MFT Residency/ Internship Programs.

Financial Incentive Programs provide stipends to students pursuing education and training in behavioral health occupations. Most financial incentive programs require a commitment to work in the local public behavioral health system for a minimum time period upon completion of academic and clinical training.



"I wanted to help families navigate a system that, at times, can feel overwhelming and impersonal. I have always considered myself a resourceful person but, as parent of a son with mental illness, I felt lost. Being part of a WET Program has given me ‘the know’ on how to be a bridge between the family, the community and the public systems."

- MARIA



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



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SAN DIEGO



WELLNESS • RECOVERY • RESILIENCE

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